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ADDRESS CHANGE FORM

Mail, tax of scall and ethan a copy to:	CRIVED
S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201	RECEIVED NOV. 2 2011 T.T.W.W
(803) 737-0578 FAX (803) 737-0815	OF WAY
Email: cchauvi@regstaff.sc.gov	7,7,
DATE: 11/02/11	
Please consider this my request for an Address C	
X Clase C Taxi Certificate Mumber	Pending applicant 2011-393-T
Class C Charter Certificate Number	applicant
Class C Charter Bus Certificate Number	1 N/ 202 T
Non-Emergency Certificate Number	AU11-393-1
Class E Household Goods Certificate Numl	ber
Class E Hazardous Wastes Certificate Nun	nber
Vernon Everette Short Jr., dba: E2	Cab
Name of Company (Include DBA if applicable)	
I am changing my: Street Address Mailing Address X Both	
1331 Melanie Lane	Myrtle Beach, SC 29577
New Street Address	City, State, Zip Code for Street Address
Same as above	
New Mailing Address	City, State, Zip Sode for Mailing Address
(336) 460-2695	
Telephone Number	Signature
	Owner
	Title (President, Owner, etc.)

ORS Revised 3-2-10

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